



United States Department of Agriculture
Marketing and Regulatory Programs
Agricultural Marketing Service
Livestock and Seed Program

MGC Instruction 424
February 20, 2008
Page 1 of 13

Meat Grading & Certification Branch

TRAVEL VOUCHER PREPARATION

PURPOSE

This Instruction specifies procedures for preparing and processing Form AD-616, Travel Voucher (Temporary Duty Travel) and AD-617, Travel Voucher Continuation Sheet.

POLICY

To get reimbursement for official travel, employees must accurately complete Form AD-616 (Exhibit A) and AD-617 (Exhibit B) according to this Instruction, [Federal Travel Regulations \(FTR\)](#), [Agricultural Travel Regulations \(ATR\)](#), and [Marketing and Regulatory Program \(MRP\) Regulations](#). In accordance with the ATR, employees must file a travel voucher within 5 days after completing travel. Employees must exercise the same care incurring travel expenses that a prudent person would exercise if traveling on personal business.

DEFINITIONS

Actual Duty Point: The street-address of a single location where the employee regularly performs duties or which the employee uses as headquarters. The actual duty point is designated by the supervisor for each employee under his or her supervision. The employee's residence location is not a factor in designating the duty point. Where employees rotate among plants or other assignments within the normal commuting area, or where employees may be expected to perform official duties at more than one site within the normal commuting area, the supervisor will designate a single location as the standard or average actual duty point for the purpose of determining the normal commuting area and the "normal commute."

Official Duty Station: The corporate or other established limits of the city or town in which the employee is assigned for personnel purposes.

Temporary Duty (TDY) Location: A place away from an employee's official station where the employee is authorized to travel.

Normal Commuting Area: Is the area within a circle with a radius of 25 miles from the actual duty point (defined above), plus any area of the corporate or other established limits of the official duty station. The normal commuting area will be the same as the normal commuting area for per diem entitlements under the Federal Travel Regulations and Agriculture Travel Regulations.

Normal Commute: The distance of direct travel over normally traveled routes from the employee's residence to the actual duty point, and return.

FORM MGC-41, ASSIGNMENT TO TEMPORARY DUTY

Before field employees begin temporary duty, the Customer Service Director must:

1. Arrange travel for the employee.
2. Issue a signed copy of an MGC-41 (Exhibit C) to the employee by facsimile or e-mail.
3. Retain a copy of the original MGC-41 in the Meat Grading and Certification (MGC) Branch Office.

Field employees must notify their immediate supervisor and the Customer Service Director if:

1. They do not receive an MGC-41 before travel.
2. Changes become necessary during the TDY assignment.
3. Actual travel does not correspond to the travel authorized on the MGC-41. If the employee changes travel plans for personal reasons they must complete a Travel Voucher Comparison Statement (Exhibit D) to claim expenses.

Designated MGC Branch employee(s) are responsible for:

1. Filing the MGC-41 with the corresponding AD-616, AD-617 (if needed), and MGC-58, Employee Work Report and Time and Attendance (Exhibit E).
2. Referring to the MGC-41 for auditing purposes.

EXHIBITS

Exhibit A Form AD-616, Travel Voucher

Exhibit B Form AD-617, Travel Voucher Continuation Sheet

Exhibit C Form MGC-41, Assignment to Temporary Duty

Exhibit D Travel Voucher Comparison Statement

Exhibit E Form MGC-58, Employee work Report and Time and Attendance

Exhibit F AD-202, Travel Authorization

Exhibit G Military Time Format

Exhibit H Sample Form AD-616, Travel Voucher

Exhibit I Form MRP 10R, Request for Special Travel

Exhibits A, B, C, D and E are available online or hard copies of may be ordered from the MGC Branch Office.

PROCEDURES

Per diem rates, a list of contract airlines, reimbursable mileage rates and other travel information are available online.

The numbers listed below correspond to blocks on the AD–616. Complete the blocks on the travel voucher as follows:

SECTION A IDENTIFICATION

1. Enter the travel authorization number from the AD-202, Travel Authorization (Exhibit F). With exception of special travel situations, such as overseas, outside the Continental United States (CONUS), or special per diem rates, a new travel authorization number is issued each fiscal year and is effective October 1 through September 30. (The actual travel authorization is not distributed to travelers. The AD-202 numbers can be accessed from the MGC Branch Office.
2. Record your Social Security number.
3. Insert your Last Name/First Name/Middle Initial.
4. Enter Agency Code "02."
5. Record the Originating Office Number as "AG02020193."
6. Leave Blank.
7. Identify the exact starting and ending dates of travel. Use the MM/DD/YY format and ensure that zeros are placed in front of single digit dates (e.g. 07/03/04).
8. Record the two-letter code for type of travel. Except for special travel situations, the code is "DM".
9. Enter here, and in Sections D and E, the dollar amount suspended from a previous voucher by the National Finance Center (NFC) that is being reclaimed. When submitting reclaims, employees must attach:

- a. A Voucher Difference Statement that explains the disallowance.
 - b. A copy of the original voucher on which the disallowance occurred.
 - c. Other documentation that supports the reclaim.
10. Enter "Y" if leave was taken while in travel status, "N" if no leave was taken.
11. Complete this block if the travel was for official training in accordance with SF-182, Request, Authorization, Agreement and Certification of Training. (Examples include New Employee Orientation and Basics of Supervision.) If so, enter the training document number identified on the applicable form.
12. Insert your Official Duty Station, City name and State abbreviation. Use the following state abbreviations:

Alabama	AL	Kentucky	KY	North Dakota	ND
Alaska	AK	Louisiana	LA	Ohio	OH
Arkansas	AR	Maine	ME	Oklahoma	OK
Arizona	AZ	Maryland	MD	Oregon	OR
California	CA	Massachusetts	MA	Pennsylvania	PA
Colorado	CO	Michigan	MI	Rhode Island	RI
Connecticut	CT	Minnesota	MN	South Carolina	SC
Delaware	DE	Mississippi	MS	South Dakota	SD
Dist. of Columbia	DC	Missouri	MO	Tennessee	TN
Florida	FL	Montana	MT	Texas	TX
Georgia	GA	Nebraska	NE	Utah	UT
Hawaii	HI	Nevada	NV	Vermont	VT
Idaho	ID	New Hampshire	NH	Virginia	VA
Illinois	IL	New Jersey	NJ	Washington	WA
Indiana	IN	New Mexico	NM	West Virginia	WV
Iowa	IA	New York	NY	Wisconsin	WI
Kansas	KS	North Carolina	NC	Wyoming	WY

13. Leave blank if your residence is the same as your OFFICIAL DUTY STATION. Otherwise, enter the city and state of your residence.
14. Leave blank.
- 15- Complete these blocks.
- 16.

Fire Safety: The policy of the government, as reflected in the Hotel and Motel Fire Safety Act of 1990 (Pub. L. No. 101-391, September 25, 1990 as amended by Pub. L. No. 105-85, November 18, 1997), referred to as "the Act" in this paragraph, is to save lives and protect property by promoting fire safety in hotels, motels, and all places of public accommodation affecting commerce. In furtherance of the Act's goals, we encourage employees to stay in a fire-safe facility (i.e., an approved accommodation),

when commercial lodging is required. A list of lodging properties that meet government requirements is on the [U.S. Fire Administration's website](#).

SECTION B TRAVEL VOUCHER MAILING ADDRESS OPTIONS

- 17. Check this block so the voucher payment is sent to your salary payment address.
- 18. Leave blank.
- 19- Employees may only receive travel reimbursement at their salary check
21. address.

SECTION C TRANSPORTATION COSTS

On a separate line for each transaction, record common carrier ticket costs, Travel Management Center (TMC) Fees and commercial vehicle rentals.

- 22. Enter the two-letter code for the method of payment used to purchase transportation tickets or car rentals. The method of payment for airline and car rental must be CC for Government Issued Credit Card.
- 23. Enter the code for vendor/carrier (airlines, bus, trains, and car rental agency, and travel agency) as follows:

AA American Airlines	NWNorthwest Airlines & Northwest Airlin
COContinental Airlines & Continental Express	UA United Airlines & United Express
DL Delta Airlines & Delta Connection	US US Airways
HP America West Airlines	WNSouthwest Airlines
ML Midway Airlines	XX Amtrak

The rental car vendor code is the first two letters of the vendor's name.

Example: Budget would be recorded as "BU".

The travel agency code is the first two letters of the vendor's name.

Example: ED - EDS / Fedtraveler

- 24. Enter the transportation ticket number, TMC Fee number from the agency booking fee receipt or car rental agreement number. If no TMC Fee number is given, enter "TMC Fee".

25. Complete this block only if a rental car was used for official travel. **You must enter mileage even if the rental included unlimited mileage.**

MILES: The whole miles driven in the rental (Example: 280, 371).

DAYS: The number of days that the rental car was used in whole numbers (Example: 2, 10, 14).

Note: Rental car days cannot exceed per diem days.

TOTALS: Enter the cumulative miles the car was driven and rented.

26. Insert the cost of each transportation ticket, TMC Fee, and the amount spent for each rental agreement (including gasoline expenses); then enter the total claim amount.

Note: Do not claim TMC Fees as Miscellaneous Expenses. Claim with airfare.

27. Unless authorized, Government employees must use coach class transportation. Check the excess fare block if higher cost accommodations were used (Example: first class). **LEAVE THIS BLOCK BLANK.**

If a non-contract airline was used, enter one of the following codes:

1 - Space not available on contract airline.

2 - Schedule of flight on contract airline inconsistent with Government policy.

3 - Cost comparison substantiates use of non-contract airlines.

4 - Rail service available, cost effective and consistent with the mission.

SECTION D CLAIMS

The electronic Travel Voucher will automatically convert the amounts from Section G (Schedule of Expenses and Amounts Claimed) into Blocks #29 through #37 from AD-616 and AD-617.

28. Enter the city(s) and state(s) where authorized lodging was obtained, cumulative days and amount per location.

Note: The total days and amount from Block #28 must agree with Block #29.

29. Insert the number of days and total actual per diem incurred.
30. Record the actual subsistence accrued. **Actual subsistence is only used when pre-authorized by the Deputy Administrator of the Livestock and Seed Program.**
31. Insert the rate per mile and the total number of miles accumulated in your privately owned vehicle (POV), personal airplane, or personal motorcycle.
32. Enter the total parking and toll expenses incurred for official travel.
33. Record the total plane, bus or train accommodations, and applicable TMC Fees.
34. Leave blank.
35. Enter the total local transportation expenses while on TDY travel including taxi, bus, light rail, etc. (obtain receipts when available).
36. Record the total miscellaneous expenses incurred while on TDY travel. **Explain all miscellaneous expenses in the REMARKS section and attach a receipt. (Miscellaneous Expenses include lodging taxes, ATM fees, laundry, etc.)**
37. Insert the total car rental expenses, including gasoline purchases. Deduct applicable gasoline expenses when the rental car is used for personal travel.
38. Enter the total from Blocks #29 through #37.
- 39- 43. Refer to travel advances and outstanding advances. Contact the MGC Branch Travel Coordinator if these items are relevant.
44. Enter the difference between Blocks #38 and #40 and #41.

SECTION E ACCOUNTING CLASSIFICATION

- 45. Check this box if the guidelines described in Number 46 do not apply.
- 46. Check this box only if travel consists of multiple travel purpose codes or accounting classifications. Distribute amounts claimed per travel purpose code/accounting classification lists according to MGC Instruction 416, Fiscal Year Subcenter Number Listing.

SECTION F CERTIFICATIONS

- 47. Employee requesting reimbursement for travel expenses must sign with blue ink and send the original to the MGC Branch Office. E-mailed and faxed copies can not be processed.
- 48. Identify the date, in the MM/DD/YY format, that the voucher was completed.

Note: The date cannot be before the ending date of travel.

- 49- Leave blank
- 56.

Second Page of Form AD-616 and Form AD-617

Social Security No.: Enter your social security number.

Traveler's Name: Enter your Last Name, First Name, Middle Initial format.

SECTION G SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

ITINERARY FROM:

Date: Identify the date that travel began. Use the MM/DD format.

City: Enter the name of the city where travel originated.

State: Record the state abbreviation where travel originated.

Time: Use **Military Time** format (Exhibit G) for the time that travels began. Use the originating time zone when traveling across more than one time zone.

Example: If travel started in Amarillo, TX at 0700 CST and ended in Denver, CO at 1300 MST, enter 0700 to 1400 (CST).

TO TDY LOCATION:

Date: Enter the date that you arrived at the TDY location. **The first day of travel and last day of travel must be recorded in separate columns**; otherwise days of like travel may be combined in one column.

Example: If an employee completes a 2-week TDY assignment from 05/05/06 through 05/18/06 and has no changes in TDY location, the dates may be entered in three columns as 05/05, 05/06 – 05/17, and 05/18.

City: Identify the name of the city where travel ended.

County: Record the name of the county where travel ended

State: Insert the two letter state abbreviation where travel ended.

Time: Record the time that travel ended using Military time format.

Local Claims for local travel mileage must be entered on a **daily basis**.

Travel: Include an explanation for the mileage. This may include either the plant or location traveled to or you may attach an LS-58 for the time period and mileage claimed. **Vouchers received with only “local travel” indicated, without supporting documentation, will be returned to the claiming employee unprocessed.**

PER DIEM:

Number of Days: Identify the number of days on per diem. On the first and last day of TDY travel, employees must enter 0.75 day per diem.

Note: To claim per diem, an employee must be in travel status, outside the normal commuting area for more than 12 hours.

Lodging: The dollar amount spent for authorized lodging on per diem.

Example: If an employee spends 5 nights in lodging at \$50 per night, enter \$250.00 in the appropriate lodging columns.

Employees who change lodging (hotels) while at a TDY location must use a separate column, for each lodging rate. Otherwise, only the first day of travel and last day of travel must be separate. All other days may be combined.

Lodging Tax: Do not include lodging tax in this section. **Record the lodging tax in the Miscellaneous Expense section**, check the box for the lodging tax statement, and fill in the dollar amounts in the Remarks section.

M&IE: Enter the applicable meal and incidental expense allowance that corresponds to the total number of days on per diem.

Note: M&IE expenses do not require receipts for reimbursement.

Less Meals at Govt Expense: Subtract the dollar amount of meals furnished at Government expense. Use the following chart for reference.

Per Diem Allowance	\$39	\$44	\$49	\$54	\$59	\$64
Breakfast	7	8	9	10	11	12
Lunch	11	12	13	15	16	18
Dinner	18	21	24	26	29	31
Incidental	3	3	3	3	3	3

Per Diem Amount: The TDY location determines the maximum per diem rate. Per diem includes meals, incidentals, and lodging expenses (excluding applicable taxes). One voucher may be used for a maximum of seven (7) different per diem rates.

ACTUAL SUBSISTANCE:

Actual subsistence may be authorized when an employee's travel costs exceed the maximum per diem rate (Example: Conference attendance with a banquet lunch or dinner). The Deputy Administrator must approve actual subsistence in advance of travel and a separate AD-202 must be issued to the employee. **(Under normal TDY conditions this section will not be completed.)**

Number of Days: Refer to the Per Diem Section.

Lodging: Refer to the Per Diem Section.

Breakfast: The actual amount spent on meal.

Lunch: The actual amount spent on meal.

Dinner: The actual amount spent on meal.

M&IE/Other: Refer to the Per Diem Section.

Actual Subsistence Amount: Enter the total actual amount spent on Lodging, Meals, and M&IE.

MILEAGE:

The following statements are based on information in the MRP Supplement to the FTR, Chapter 301.

Single Stop: When a daily assignment is limited to one stop in the normal commuting area, only mileage over the normal home to work is compensable.

Multiple Stops: When a daily assignment involves more than one stop in the normal commuting area and:

1. The travel begins or ends at the actual duty point, the mileage between the actual duty point and residence is not compensable.
2. The first duty point is a temporary duty point within the normal commuting area - reimbursement for miles driven from the employee's residence to the first duty point will not exceed 30 miles.
3. The last duty point is a temporary duty point within the normal commuting area. Reimbursement for miles driven between

the last duty point and the employee's residence will not exceed 30 miles.

4. The last duty point is a temporary duty point outside the normal commuting area - reimbursement is allowed for miles from the last duty point to the employee's residence.

TRAVEL TO TDY LOCATION: Miles driven from residence to and from airport for travel to TDY location are fully reimbursable.

Miles: The number of miles claimed.

Rate Per Mile: The mileage reimbursement rate.

Mileage Amount: The total mileage expense. Multiply the total miles by the mileage rate.

Mileage Statement: Check the mileage statement box and enter the applicable mileage rate in the REMARKS section.

PARKING, TOLLS, ETC.: Enter the parking and toll expenses incurred while traveling. Receipts must be submitted for parking expenses. Parking expenses incurred at a common carrier terminal are reimbursable if they do not exceed the cost of taxi or shuttle fare to or from the terminal. Receipts for toll expenses should be obtained and submitted if available.

PLANE, BUS, TRAIN: Enter the cost of the transportation ticket, including the TMC Fees. List TMC Fees separately from the transportation fares.

Note: Transportation fares and TMC fees may be combined in this section; but, they must be separated in Section C – Transportation Costs.

UNACCOMPANIED BAGGAGE: Leave blank.

LOCAL TRANSPORTATION: Enter expenses incurred on local transportation while in TDY travel status. Local transportation includes taxi, bus, light rail, etc.

No. of Trips: Enter the number of trips made.

Daily Expense: Enter the amount spent on local transportation.

MISCELLANEOUS EXPENSES: Miscellaneous expenses and explanations must be recorded in the REMARKS section of either the AD-616 or the AD-617. If the traveler incurs an expense that is not referred in this Instruction, provide the receipt and an explanation in the REMARKS section of the travel voucher.

Statements for commonly used miscellaneous expenses are listed in the REMARKS section of the AD-616. Check the block(s) applicable to the travel voucher.

Lodging Tax: The lodging tax incurred for lodging.

ATM: If Automatic Teller Machine (ATM) withdrawals are authorized on the travel authorization, the employee may claim ATM fees. Authorized fees include the ATM transaction fee rate and, if applicable, ATM fees charged by the institution. Check the ATM Fee box and enter the ATM Fee in the REMARKS section.

Example of allowable ATM fees:

Employee withdraws	\$100.00
Multiply ATM transaction fee rate (%)	<u>1.90%</u>
Government Credit Card ATM withdrawal Fee	\$1.90
Add financial institution ATM withdrawal Fee	<u>2.00</u>
Total Amount to be claimed as (4) ATM fee	<u>\$3.90</u>

Note: Employees may not withdraw money from the ATM more than 72 hours (3 days) before the authorized travel date or on the last day of travel. Credit card statements are closely reviewed by the Department. Misuse of the Government issued credit card, including unauthorized or excessive ATM withdrawals, is misconduct and will subject the employee to disciplinary action. The maximum allowable withdrawal amounts are in Departmental Regulation 2300-001. **Cash Advances are limited to the amount of meals & incidental expenses (M&IE) for the location of temporary duty.**

Telephone Calls: All calls must comply with Departmental Regulation 2300-03 "Authorized Telephone Calls of a Personal Nature during Official Travel." Like credit card statements, calling card statements are also closely reviewed and misuse will subject employees to discipline.

Employees with government issued calling cards can not claim calls on the travel voucher. Employees who do not have a government issued calling card may claim authorized calls by providing a receipt listing the date, time, duration, cost, and number called. The employee will check the "Personal calls made..." statement box and enter the applicable charges in the REMARKS section. Employees who are charged local telephone access fees on their hotel bill must check the applicable box in the REMARKS section.

Laundry Expenses: Employees traveling on official business in the Continental United States (CONUS) may claim reimbursement of laundry, dry-cleaning, or pressing of clothing expenses under the following conditions:

1. The traveler incurs at least 7 consecutive nights lodging on official travel.
2. Laundry expense is incurred at a TDY site.
3. Laundry expenses are not incurred on the first or last day of travel.
4. Receipts accompany the travel voucher to substantiate the claim. If coin operated laundry facilities are used, travelers must certify on the travel voucher that items were laundered during official TDY status and no receipt was obtainable.
5. Reimbursement is limited to actual expenses, not to exceed \$15 for 7 consecutive nights lodging. Reimbursement for nights over 7 consecutive nights are limited to \$2 per night. The \$15 limit does not apply to frocks.
6. Exceptions may be granted to the above conditions when unusual or unforeseen circumstances occur. A written explanation of the circumstances must accompany the travel voucher and be approved by the traveler's supervisor.
7. Laundry expenses in CONUS that do not meet the above

conditions, and laundry expenses incurred outside the CONUS or in foreign areas are covered as part of the M&IE incidentals portion of the locality per diem rate.

Check the proper laundry statement box and enter the applicable expenses in the REMARKS section.

Supplies: **Supplies can not be claimed on travel vouchers.** Supplies are to be requested from the MGC Branch Office.

CAR RENTAL:

Rental Expense: Enter the car rental expenses listed on the rental "close out" receipts. Estimated rental receipts are **not** acceptable.

Size of Car: The size of the car is usually limited to a compact car. Employees who need a larger vehicle must get approval from their supervisor before renting the vehicle.

Insurance: **Decline comprehensive and collision insurance.** The General Services Administration (GSA) contract with car rental agencies includes full coverage. **Employees will not be reimbursed for extra insurance charges** (FTR 301-10.451).

Gasoline Expense: Enter the fuel expenses incurred during TDY travel and attach receipts to the travel voucher. **Do not prepay gas at the time of rental.**

Note: Employees who fail to return the rental car with the same amount of fuel with which it was received will not receive reimbursement for additional refueling charges.

REMARKS:

Miscellaneous expenses and explanations must be recorded in the REMARKS section of either the AD-616 or the AD-617. Travelers who incur expenses that are not referenced in this Instruction, must attach a receipt and a written explanation. Statements for commonly used miscellaneous expenses are listed in the REMARKS section of the AD-616. Check the box and complete the proper information for each statement that applies to the travel voucher.

PERSONAL TRAVEL:

1. If for personal convenience, travel is made by an indirect route or official travel is interrupted, reimbursement is limited to the cost of travel by a direct route or on an uninterrupted basis.

2. Government contract fares cannot be used for personal travel.
3. The traveler is ineligible for any per diem for personal days taken in conjunction with official travel.
4. Personal travel may not be booked using FedTraveler.com. Employees must book official travel first. Once the official ticket has been issued the employee may take their ticket to the airline and have it reissued (using their personal credit card) to accommodate personal travel.
5. Employees must have prior approval to conduct personal travel in conjunction with official travel. To request approval, employees should complete an MRP 10R, Request for Special Travel (Exhibit I), and submit it to their supervisor.
6. The MRP 10R must be attached to the travel voucher.

REMINDERS:

1. Attach all **original** receipts to the travel voucher. Credit card receipts are not acceptable.
2. Check your math to ensure that it is correct.
3. Make a copy of the travel voucher and all receipts for your personal files.
4. Travel vouchers may be submitted for reimbursement per trip, bi-monthly, or on a monthly basis. **Vouchers claiming per diem, lodging, airlines, or car rentals are to be submitted within 5 days of the completion of the travel.**
5. When travel starts in one fiscal year and ends in another, the expenses must be claimed on separate travel vouchers for each fiscal year.
6. Original signatures in blue ink are required for processing. E-mail and/or faxed travel vouchers can not be processed.
7. Check with your supervisor if you have questions about the completion or submission of the Travel Voucher Comparison Statement, AD-616 or AD-617.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

TRAVEL VOUCHER (Temporary Duty Travel)

1. TRAVEL AUTHORIZATION NO.	2. SOCIAL SECURITY NO.	3. NAME (Last) (First) (Middle Initial)		4. AGENCY CODE
5. AGENCY ORIGINATING OFFICE NUMBER	6. TRAVELER ORIGINATING OFFICE NUMBER	7. DATES OF TRAVEL EXPENSES FROM THRU Month Day Year Month Day Year		8. TYPE CLAIM (Indicate one type only) DM = Domestic FG = Foreign TDY OC = Outside Cont. U.S. GR = Escorted Group
				9. RECLAIM AMOUNT INCLUDED
10. LEAVE TAKEN Y = Yes N = No	11. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)	12. OFFICIAL DUTY STATION CITY AND STATE	13. RESIDENT CITY AND STATE (If other than official station)	
14. POST APPROVAL INDICATOR Y = Yes N = No	15. TOTAL NIGHTS LODGING	16. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS		

<div>17. SALARY ADDRESS</div> <div>18. T&A CONTACT POINT</div>	19. SPECIAL ADDRESS		20. FOREIGN ADDRESS		21. TRAVEL EFT ACCOUNT	
	1. (35) ▶					
	2. (35) ▶					
	3. City (20) ▶		State (2) ▶		Zip code (9) ▶	

[illegible]

28. SUMMARY OF SUBSISTENCE						
TDY LOCATION				NO. OF DAYS	AMOUNT	
CNTRY CODE	CITY CODE	CITY or COUNTY	STATE			
					\$	

TOTALS ▶

← Excess Fare	(Check If Applicable)		← Non-contract	(Ins Co)
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	45. AUTHORIZATION ACCOUNTING (Check this block if accounting and purpose of travel code(s) from travel authorization are to be charged for the total voucher claim.)	PURPOSE OF TRAVEL CODES 1 - Site visit 2 - Information meeting 3 - Training attendance 4 - Speech or presentation 5 - Conference attendance 7 - Entitlement/home leave 8 - Special mission travel	9 - Emergency travel 10 - Other travel 11 - Pre-employment travel 13 - Rest and Recuperation 14 - Education 15 - Informal training
	46. DISTRIBUTED ACCOUNTING (Check this block distribute total claim from Section D to the applicable Purpose of Travel Code and Accounting Classification line.)		

[illegible]

SECTION F - CERTIFICATIONS

CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States Government. All tickets, coupons, promotional items and credits received in connection with travel claimed on this voucher have been accounted for as required by 41 CFR 301-304 and other regulations. I have reviewed this voucher and certify it to be correct.

47. CLAIMANT'S SIGNATURE	48. DATE Month Day Year	49. FINAL VOUCHER INDICATOR Y = Yes N = No
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50. APPROVING OFFICER'S SIGNATURE _____

29. PER DIEM	\$		NFC USE
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No. of Days			
30. ACTUAL SUBSISTENCE			

No. of Days	[]			
31. MILEAGE					
Rate [.445	¢	Miles []	
Rate [¢	Miles []		
Rate [¢	Miles []		
Rate [¢	Miles []		

32. PARKING, TOLLS, ETC.		-	
33. PLANE BUS FERRY			

33. PLANE, BUS, TRAIN			
(Paid by Traveler)			

%	34. UNACCOMPANIED BAGGAGE			
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35. LOCAL TRANSPORTATION			
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36. MISCELLANEOUS EXPENSES			
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37. CAR RENTAL			
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38.	TOTAL CLAIM	\$	-	
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	(Blocks 29 thru 37)	\$		
%				

39. TRAVEL ADVANCE AMOUNT OUTSTANDING			
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40. AMT. OF VOUCHER (Block 38) TO BE APPLIED			
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TO OUTSTANDING ADVANCE (Block 39)			

41.	AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION			
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TO OUTSTANDING BILL FOR COLLECTION			
BILL NO.	➡		

42. ADDITIONAL ADVANCE AMOUNT REPAID			
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(Check or money order attached)			
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43. REMAINING ADVANCE BALANCE			
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(Block 39 minus Block 40 and Block 42)			
44. NET TRANSFER			

44.	NET TO TRAVELER	\$	-
	(Block 38 minus Block 40 and Block 41)		

AUDITED BY (Examiner's Initials)	TOTAL DIFFERENCE
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SOCIAL SECURITY NO.		52. DATE APPROVED	53. PHONE (Area Code and No.)
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			Month	Day	Year	
--	--	--	-------	-----	------	--

CONTACT PERSON'S NAME	56. PHONE (Area Code and No.)
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FORM AD - 616 (USDA) (Rev 11/96)

USDA - National Finance Center, P.O. Box 60000, New Orleans, LA 70160

Exception to SF 1012 approved by GSA 11/20/96

SOCIAL SECURITY NO.		TRAVELER'S NAME														
SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED																
ITINERARY FROM												TOTALS Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet				
DATE (Month/Day)																
CITY																
STATE																
TIME																
TO TDY LOCATION																
DATE (Month/Day)																
CITY																
COUNTY																
STATE																
TIME																
PER DIEM												TOTAL NO. DAYS				
NO. OF DAYS																
LODGING (Receipt Required)																
MEALS AND INCIDENTAL EXPENSES																
LESS MEALS AT GOVERNMENT EXPENSE																
												TOTAL PER DIEM				
PER DIEM AMOUNT												\$				
ACTUAL SUBSISTENCE												TOTAL NO. DAYS				
NO. OF DAYS																
LODGING (Receipt Required)																
BREAKFAST																
LUNCH																
DINNER																
M&IE/OTHER																
												TOTAL ACTUAL SUBSISTENCE				
ACTUAL SUBSISTENCE AMOUNT												\$				
MILEAGE												TOTAL MILES				
MILES																
RATE PER MILE		0.445	¢	0.445	¢	0.445	¢	0.445	¢	0.445	¢	0.445	¢	0.445	¢	
												TOTAL MILEAGE				
MILEAGE AMOUNT												\$				
												TOTAL PARKING				
PARKING, TOLLS, ETC.												\$				
PLANE, BUS, TRAIN (Paid By Traveler)												TOTAL PLANE, BUS, TRAIN				
												\$				
UNACCOMPANIED BAGGAGE												TOTAL UNACCOMPANIED BAGGAGE				
												\$				
LOCAL TRANSPORTATION												TOTAL LOCAL TRANSPORTATION				
NO. TRIPS																
DAILY EXPENSE												\$				
MISCELLANEOUS EXPENSES												TOTAL MISCELLANEOUS				
TELEPHONE CALLS																
SUPPLIES, ETC.												\$				
CAR RENTAL (Paid By Traveler) Receipt and Car Rental Agreement Required												TOTAL CAR RENTAL				
RENTAL EXPENSE																
GASOLINE EXPENSE												\$				
REMARKS																
<div><div><input type="checkbox"/> Mileage rate of _____ cents per mile approved as advantageous to the government.</div><div><input type="checkbox"/> Lodging tax of _____ per day, total _____</div><div><input type="checkbox"/> ATM fee _____</div><div><input type="checkbox"/> Local telephone access fees from motels _____</div><div><input type="checkbox"/> Personal calls made in accordance with provisions contained in AMS Directive 226.2 and LSP Instruction 226.1 _____</div><div><input type="checkbox"/> Laundry (personal) - coin operated laundry facilities used, no receipts were obtainable. June 14, 2000 MOU _____</div><div><input type="checkbox"/> Laundry (frocks) - coin operated laundry facilities used, no receipts were obtainable. June 14, 2000 MOU _____</div></div>																
PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 USC, Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 301-304). The information contained in this form will be used by Federal Agency officers and who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigations of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.																

Exhibit B

SOCIAL SECURITY NO.	TRAVELER'S NAME							
SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED								
ITINERARY								TOTALS Transfer these totals to Section D on Voucher Front If additional days are required, use continuation sheet
DATE (Month/Day)								
CITY								
STATE								
TIME								
TO TDY LOCATION								
DATE (Month/Day)								
CITY								
COUNTY								
STATE								
TIME								
PER DIEM								TOTAL NO. DAYS
NO. OF DAYS								
LODGING (Receipt Required)								
MEALS AND INCIDENTAL EXPENSES								
LESS MEALS AT GOVERNMENT EXPENSE								
PER DIEM AMOUNT								TOTAL PER DIEM \$
ACTUAL SUBSISTENCE								TOTAL NO. DAYS
NO. OF DAYS								
LODGING (Receipt Required)								
BREAKFAST								
LUNCH								
DINNER								
M&IE/OTHER								
ACTUAL SUBSISTENCE AMOUNT								TOTAL ACTUAL SUBSISTENCE \$
MILEAGE								TOTAL MILES
MILES								
RATE PER MILE	0.445	¢	0.445	¢	0.445	¢	0.445	¢
MILEAGE AMOUNT								TOTAL MILEAGE \$
PARKING, TOLLS, ETC.								TOTAL PARKING \$
PLANE, BUS, TRAIN (Paid By Traveler)								TOTAL PLANE, BUS, TRAIN \$
UNACCOMPANIED BAGGAGE								TOTAL UNACCOMPANIED BAGGAGE \$
LOCAL TRANSPORTATION NO. TRIPS								TOTAL LOCAL TRANSPORTATION \$
DAILY EXPENSE								TOTAL MISCELLANEOUS \$
MISCELLANEOUS EXPENSES TELEPHONE CALLS								
SUPPLIES, ETC.								
CAR RENTAL (Paid By Traveler) Receipt and Car Rental Agreement Required								TOTAL CAR RENTAL \$
RENTAL EXPENSE								
GASOLINE EXPENSE								
REMARKS								
<input type="checkbox"/> Mileage rate of _____ cents per mile approved as advantageous to the government. <input type="checkbox"/> Lodging tax of _____ per day, total _____ <input type="checkbox"/> ATM fee _____ <input type="checkbox"/> Local telephone access fees from motels _____ <input type="checkbox"/> Personal calls made in accordance with provisions contained in AMS Directive 226.2 and LSP Instruction 226.1 _____ <input type="checkbox"/> Laundry (personal) - coin operated laundry facilities used, no receipts were obtainable. June 14, 2000 MOU _____ <input type="checkbox"/> Laundry (frocks) - coin operated laundry facilities used, no receipts were obtainable. June 14, 2000 MOU _____								
<small> PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provision of 5 USC, Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to classify other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 301-304). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or other investigations of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim reimbursement. </small>								

Exhibit C

☐ THIS FORM HAS BEEN REVISED

USDA - AMS LIVESTOCK AND SEED PROGRAM ASSIGNMENT TO TEMPORARY DUTY		ASSIGNMENT AND TRAVEL AUTHORIZED BY:		DATE:	
TDY LOCATION		DATE EMPLOYEE NOTIFIED: (Mo./Day)		BY: (Initials)	
DUTY SITE (Name and Complete address including City and State)		TIME:		PERIOD OF ASSIGNMENT INCLUDING TRAVEL: (Mo./Day/Yr.)	
		STARTS:		ENDS:	
		SUPERVISORY CONTACT:			
PHONE NO.	DAILY STARTING TIME OF REGULAR HOURS	OFFICE PHONE NO.	SUPERVISOR'S EMERGENCY CONTACT NO.		
NAME AND ADDRESS OF ASSIGNED EMPLOYEE:		REMARKS:			

TRAVEL CONDITIONS					
AUTHORIZED DEPARTURE:		COMPENSABLE AS:		AUTHORIZED RETURN:	
Date:	Time:	<input type="checkbox"/> Regular Time	<input type="checkbox"/> Overtime	Date:	Time:
				<input type="checkbox"/> Completion of Daily Assignment	
NATURE OF ASSIGNMENT:			DURATION OF ASSIGNMENT:		
<input type="checkbox"/> UNCONTROLLABLE <input type="checkbox"/> CONTROLLABLE			<input type="checkbox"/> ONE DAY <input type="checkbox"/> OVERNIGHT		
SUBSISTENCE RATE: M & IE LODGING			WEEKENDS DURING TDY ASSIGNMENT:		
KEY CITY:			<input type="checkbox"/> RETURN TO ODS <input type="checkbox"/> SUBSISTENCE AUTHORIZED (Comparison statement required for voluntary return)		
KEY COUNTY:					
M & IE	Number of days		Total Allowance		
LODGING	Number of days		Total Allowance		
MODE OF TRANSPORTATION AUTHORIZED:			GRADING EQUIPMENT:		CERTIFICATES:
<input type="checkbox"/> POV <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> RENTAL CAR <input type="checkbox"/> GSA			<input type="checkbox"/> FULL SET <input type="checkbox"/> STAMPS		<input type="checkbox"/> ACCEPT <input type="checkbox"/> CHARGE

TRAVEL RESERVATIONS					
LODGING (Name and complete address including City and State):					
Phone No.					
Conformation No.					
Daily Rate: \$ plus tax					

AIR TRANSPORTATION						
	DATE	CARRIER/FLIGHT NO.	DEPT TIME	ARR TIME	DESTINATION	ORIGIN
DEPARTURE						
RETURN						
						Air Fare \$

CAR RENTAL AGENCY		CITY		STATE	PHONE NO.	CONFIRMATION NO.
(Government rate shall include insurance)		RENTAL RATE		POV	Mileage Rate	Mileage Amount
<input type="checkbox"/> CONTRACT <input type="checkbox"/> NONCONTRACT		per			No. of Miles	

CHARGES TO APPLICANTS								
CHARGES	N/C	APP	FSA	CHARGES	N/C	APP	FSA	Commitment charges for:
Travel Time To/From ODS/TDY Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Per Diem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duty: (hours)
Local Travel Time/Expenses	<input type="checkbox"/>	<input type="checkbox"/>		Car Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel: (hours) (miles)

Exhibit D

TRAVEL VOUCHER COMPARISON STATEMENT

NAME

CONSTRUCTIVE PERIOD From To

PER DIEM

Authorized Maximum Lodging
Authorized M&IE Rate

SUBSISTENCE

DATE	AUTHORIZED	ACTUAL
	=	=
	=	=
	=	=
	=	=

TRANSPORTATION

Mileage

DATE	AUTHORIZED	ACTUAL
	=	=
	=	=
	=	=
	=	=

Air Fare

DATE	AUTHORIZED	ACTUAL
	=	=
	=	=
	=	=
	=	=

TOTAL \$ - \$ -

Actual expense does not exceed authorized allowance; full reimbursement for actual expense claimed.

☐ Actual expense exceeds authorized allowance by . Do not adjust the travel voucher. The Denver OFO will make the adjustment.

REMARKS

Exhibit E

☐ THIS DOCUMENT HAS BEEN REVISED

[illegible]

1. ACTION CODE (Indicate one type only)																			
E = Establish A = Amend								C = Cancel V = Advance Only (Complete Sections A, E, and F Only)							2. AUTHORIZATION DATE		MONTH	DAY	YEAR
SECTION A - IDENTIFICATION																			
3. TRAVEL AUTHORIZATION NO.			4. SOCIAL SECURITY NO.			5. NAME (Last) (First) (Middle Initial)										6. AGENCY CODE			
7. AGENCY OON			9. ESTIMATED DATES OF TRAVEL EXPENSES FROM THRU Month Day Year Month Day Year						10. TYPE TRAVEL (Indicate one type only) DM = Domestic GR = Escorted Group FG = Foreign OC = Outside Cont. U.S. FT = Foreign Transfer TS = Transfer of Station RT = Return Travel OT = Outside CONUS ToS						11. GOVERNMENT CREDIT CARD HOLDER Y = Yes N = No				
8. TRAVELER OON																			
12. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)			13. OFFICIAL DUTY STATION CITY AND STATE						14. RESIDENT CITY AND STATE (If other than official station)										
SECTION B - EMPLOYMENT STATUS (Check the appropriate employment status block.)																			
15. PAYROLLED BY NFC			16. NOT PAYROLLED BY NFC			17. NEW HIRE			18. SPECIAL APPOINTEE			19. NONGOVERNMENT							
SECTION C - ITINERARY AND ESTIMATED EXPENDITURES																			
20. FROM		21. TO				Subsistence Codes P=Per Diem A=Actual Subsistence S=Special Rate	23. AUTHORIZED EXPENDITURES												
CITY	ST	CNTRY CD	CITY CD	CITY, COUNTY or REGION			ST	CODE	LODGING	M and IE	RATE	NO.DAYS	ESTIMATED AMOUNT						
								\$	+	=	x	= \$							
									+	=	x	=							
									+	=	x	=							
									+	=	x	=							
									+	=	x	=							
									+	=	x	=							
									+	=	x	=							
22. PURPOSE OF TRAVEL (Give explanation)								Total Subsistence				\$							
								POV: Rate											
								Rate											
								Rate											
								Rate											
								Other (Specify)											
								Unaccompanied Baggage											
PURPOSE OF TRAVEL CODES	1 = Site Visit 2 = Information Meeting 3 = Training attendance 4 = Speech or presentation 5 = Conference attendance		6 = Relocation 7 = Entitlement/Home leave 8 = Special mission travel 9 = Emergency travel 10 = Other travel		11 = Pre-employment 12 = First post of duty 13 = Rest & Recuperation 14 = Educational 15 = Informal training														
PURPOSE CODE	ACCOUNTING CLASSIFICATION						PERCENTAGE	Car Rental											
							%	Common Carrier Tickets											
							Transportation Mode		Method of Purchase										
							Use of Non-contract Airline		Insert Code										
							Excess Fare												
							Excess Baggage												
							GSA Auto												
							24. Total Est. Expenditures Authorized				\$								
THESE PERCENTAGES MUST EQUAL 100%																			
SECTION E - TRAVEL ADVANCE																			
26. ADVANCE REQUEST METHOD (Select one method only) C = Check or DD/EFT T = Travelers Checks I = Imprest Fund E = Emergency (Wire) W = Wire Confirmation S = Embassy Issued Advance L = Embassy Collect. Advance			32. ADVANCE MAILING ADDRESS OPTIONS																
			SALARY ADDRESS	T&A CONTACT POINT	SPECIAL ADDRESS (Required for new hires, special appointees, and nonGovernment travelers)	FOREIGN ADDRESS	TRAVEL EFT ACCOUNT												
1. (35)																			
2. (35)																			
3. (City) (20)			State (2)		Zip Code (9)														
27. AMOUNT OF ADVANCE APPLIED FOR			33. IMPREST FUND CASHIER																
\$			SOCIAL SECURITY NO.		SIGNATURE														
28. BALANCE FROM PREVIOUS ADVANCE			34. ADVANCE RECEIVED (Cash or Travelers Checks)																
\$			DATE RECEIVED Month Day Year		APPLICANT'S SIGNATURE														
29. TOTAL ADVANCE AMOUNT																			
\$																			
30. APPLICANT'S SIGNATURE								31. DATE APPLIED FOR Month Day Year			SEE PRIVACY ACT STATEMENT ON REVERSE								
SECTION F - AGENCY APPROVAL																			
35. APPROVING OFFICER'S NAME AND TITLE (Last, First, Middle Initial) (Type or Print)					AGENCY CODE	36. SOCIAL SECURITY NO.		37. DATE APPROVED Month Day Year			38. PHONE (Area Code & No.)								
39. APPROVING OFFICER'S SIGNATURE					40. CONTACT PERSON'S NAME						41. PHONE (Area Code & No.)								
42. REMARKS																			

USDA -- National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

Exception to SF 1038 approved by GSA 11/20/96

Exhibit G

A.M.	MILITARY TIME	P.M.	MILITARY TIME
12:15	0015	12:15	1215
12:30	0030	12:30	1230
12:45	0045	12:45	1245
1:00	0100	1:00	1300
1:15	0115	1:15	1315
1:30	0130	1:30	1330
1:45	0145	1:45	1345
2:00	0200	2:00	1400
2:15	0215	2:15	1415
2:30	0230	2:30	1430
2:45	0245	2:45	1445
3:00	0300	3:00	1500
3:15	0315	3:15	1515
3:30	0330	3:30	1530
3:45	0345	3:45	1545
4:00	0400	4:00	1600
4:15	0415	4:15	1615
4:30	0430	4:30	1630
4:45	0445	4:45	1645
5:00	0500	5:00	1700
5:15	0515	5:15	1715
5:30	0530	5:30	1730
5:45	0545	5:45	1745
6:00	0600	6:00	1800
6:15	0615	6:15	1815
6:30	0630	6:30	1830
6:45	0645	6:45	1845
7:00	0700	7:00	1900
7:15	0715	7:15	1915
7:30	0730	7:30	1930
7:45	0745	7:45	1945
8:00	0800	8:00	2000
8:15	0815	8:15	2015
8:30	0830	8:30	2030
8:45	0845	8:45	2045
9:00	0900	9:00	2100
9:15	0915	9:15	2115
9:30	0930	9:30	2130
9:45	0945	9:45	2145
10:00	1000	10:00	2200
10:15	1015	10:15	2215
10:30	1030	10:30	2230
10:45	1045	10:45	2245
11:00	1100	11:00	2300
11:15	1115	11:15	2315
11:30	1130	11:30	2330
11:45	1145	11:45	2345
12:00 noon	1200	12:00 midnight	2400

Exhibit H

TRAVEL VOUCHER (Temporary Duty Travel)

SECTION A - IDENTIFICATION

1. TRAVEL AUTHORIZATION NO. 7NM0237400XXX	2. SOCIAL SECURITY NO. GRADER	3. NAME (Last) (First) (Middle Initial) JOHN B	4. AGENCY CODE 02	
5. AGENCY ORIGINATING OFFICE NUMBER AG02020193	6. TRAVELER ORIGINATING OFFICE NUMBER	7. DATES OF TRAVEL EXPENSES FROM: Month Day Year 10 01 06 THRU: Month Day Year 10 13 06	8. TYPE CLAIM (Indicate one type only) DM = Domestic FG = Foreign TDY OC = Outside Cont. U.S. GR = Escorted Group DM	9. RECLAIM AMOUNT INCLUDED
10. LEAVE TAKEN N Y = Yes N = No	11. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)	12. OFFICIAL DUTY STATION CITY AND STATE GOLDEN, CO	13. RESIDENT CITY AND STATE (If other than official station) DENVER, CO	
14. POST APPROVAL INDICATOR Y = Yes N = No	15. TOTAL NIGHTS LODGING 11	16. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS 11		

SECTION B - TRAVEL VOUCHER MAILING ADDRESS OPTIONS

<input checked="" type="checkbox"/> 17. SALARY ADDRESS	19. SPECIAL ADDRESS	20. FOREIGN ADDRESS	21. TRAVEL EFT ACCOUNT
1. (35) ▶			
2. (35) ▶			
3. City (20) ▶	State (2) ▶	Zip code (9) ▶	

SECTION C - TRANSPORTATION COSTS

22. METHOD OF PAYMENT	23. VENDOR/ CARRIER	24. IDENTIFICATION NUMBER	25. CAR RENTAL MILES DAYS	26. AMOUNT	28. SUMMARY OF SUBSISTENCE				
					TDY LOCATION			NO. OF DAYS	AMOUNT
					CNTRY CODE	CITY CODE	CITY or COUNTY	STATE	
CC	UA	0167764513019		\$258.60			Sioux City	IA	6.50 \$ 613.50
CC	ED	TMC FEE		27.09			Limon	CO	5.50 489.50
CC	NA	RA766445131	147	397.92					
If payment was made by the traveler, complete Section G on reverse.				TOTALS ▶	147	7	\$683.61		

27. AIRLINE ACCOMMODATIONS:	<input checked="" type="checkbox"/> Excess Fare (Check if Applicable)	<input type="checkbox"/> Non-contract (Insert Code)	29. PER DIEM No. of Days 12.00	\$ 1,103.00	NFC USE
-----------------------------	---	---	--	-------------	---------

SECTION E - ACCOUNTING CLASSIFICATION

<input checked="" type="checkbox"/> 45. AUTHORIZATION ACCOUNTING (Check this block if accounting and purpose of travel code(s) from travel authorization are to be charged for the total voucher claim.)	PURPOSE OF TRAVEL CODES 1 - Site visit 2 - Information meeting 3 - Training attendance 4 - Speech or presentation 5 - Conference attendance 7 - Entitlement/home leave 8 - Special mission travel 9 - Emergency travel 10 - Other travel 11 - Pre-employment travel 13 - Rest and Recuperation 14 - Education 15 - Informal training	
46. DISTRIBUTED ACCOUNTING (Check this block distribute total claim from Section D to the applicable Purpose of Travel Code and Accounting Classification line.)		
PURPOSE CODE	ACCOUNTING CLASSIFICATION	PERCENTAGE
		%
THESE PERCENTAGES MUST EQUAL 100%		

SECTION F - CERTIFICATIONS

FRAUDULENT CLAIM. Falsification of an item in an expense account will result in a forfeiture of the claim (28 USC 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 287; i.d. 1001).			39. TRAVEL ADVANCE AMOUNT OUTSTANDING		
CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States Government. All tickets, coupons, promotional items and credits received in connection with travel claimed on this voucher have been accounted for as required by 41 CFR 301-304 and other regulations. I have reviewed this voucher and certify it to be correct.			40. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 39)		
			41. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION		
			BILL NO. ▶		
			42. ADDITIONAL ADVANCE AMOUNT REPaid (Check or money order attached)		
			43. REMAINING ADVANCE BALANCE (Block 39 minus Block 40 and Block 42)		
			44. NET TO TRAVELER (Block 38 minus Block 40 and Block 41)	\$ 2,057.27	
			AUDITED BY (Examiner's Initials)	TOTAL DIFFERENCE	
47. CLAIMANT'S SIGNATURE			48. DATE Month Day Year 10 15 06	49. FINAL VOUCHER INDICATOR Y = Yes N = No	
50. APPROVING OFFICER'S SIGNATURE			51. SOCIAL SECURITY NO.	52. DATE APPROVED Month Day Year	53. PHONE (Area Code and No.)
54. NAME AND TITLE (Last, First, Middle Initial) (Type or Print)			AGENCY CODE	55. CONTACT PERSON'S NAME	56. PHONE (Area Code and No.)

FORM AD - 616 (USDA) (Rev 11/96)

Upon completion and approval, submit original voucher to:

USDA - National Finance Center, P.O. Box 60000, New Orleans, LA 70160

Exception to SF 1012 approved by GSA 11/20/96

SOCIAL SECURITY NO.		TRAVELER'S NAME							
		GRADER JOHN B							
SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED									
ITINERARY FROM		10/01	10/02	10/07	10/08	10/09	10/13	TOTALS Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet	
DATE (Month/Day)									
CITY		Denver		Sioux City	Denver		Limon		
STATE		CO		IA	CO		CO		
TIME		1000		0900	1300		1330		
TO TDY LOCATION		10/01	10/06	10/07	10/08	10/12	10/13		
DATE (Month/Day)									
CITY		Sioux City	Sioux City	Denver	Limon	Limon	Denver		
COUNTY		Woodbury	Woodbury		Lincoln	Lincoln			
STATE		IA	IA	CO	CO	CO	CO		
TIME		1530		1300	1500				
PER DIEM		0,75	5,00	0,75	0,75	4,00	0,75	TOTAL NO. DAYS	
NO. OF DAYS								12.00	
LODGING (Receipt Required)		60,00	300,00		55,00	220,00		TOTAL PER DIEM	
MEALS AND INCIDENTAL EXPENSES		29,25	195,00	29,25	29,25	156,00	29,25		
LESS MEALS AT GOVERNMENT EXPENSE									
PER DIEM AMOUNT		89,25	495,00	29,25	84,25	376,00	29,25		\$ 1,103,00
ACTUAL SUBSISTENCE									TOTAL NO. DAYS
NO. OF DAYS									
LODGING (Receipt Required)								TOTAL ACTUAL SUBSISTENCE	
BREAKFAST									
LUNCH									
DINNER									
M&IE/OTHER									
ACTUAL SUBSISTENCE AMOUNT								\$	
MILEAGE		32		32	140	20	144	TOTAL MILES	
MILES								368	
RATE PER MILE		0.445	0.445	0.445	0.445	0.445	0.445	TOTAL MILEAGE	
MILEAGE AMOUNT		14,24		14,24	62,30	8,90	64,08	\$ 163,76	
PARKING, TOLLS, ETC.				35,00				TOTAL PARKING	
PLANE, BUS, TRAIN (Paid By Traveler)		258,60	27,09					\$ 285,69	
UNACCOMPANIED BAGGAGE								TOTAL UNACCOMPANIED BAGGAGE	
LOCAL TRANSPORTATION								\$	
NO. TRIPS								TOTAL LOCAL TRANSPORTATION	
DAILY EXPENSE								\$	
MISCELLANEOUS EXPENSES		6,00	30,00		6,00	24,00		TOTAL MISCELLANEOUS	
TELEPHONE CALLS								\$ 71,90	
SUPPLIES, ETC.		3,90			2,00			TOTAL CAR RENTAL	
CAR RENTAL (Paid By Traveler) Receipt and Car Rental Agreement Required			351,42					\$ 397,92	
RENTAL EXPENSE									
GASOLINE EXPENSE		14,50	32,00						
REMARKS									
ATM Fees = \$3.90 on 10/01 and \$2.00 on 10/08									
<input checked="" type="checkbox"/> Mileage rate of <u>44.500</u> cents per mile approved as advantageous to the government. <input checked="" type="checkbox"/> Lodging tax of <u>\$6.000</u> per day, total <u>\$66.00</u> <input checked="" type="checkbox"/> ATM fee <u>\$5.90</u> <input type="checkbox"/> Local telephone access fees from motels <input type="checkbox"/> Personal calls made in accordance with provisions contained in AMS Directive 226.2 and LSP Instruction 226.1 <input type="checkbox"/> Laundry (personal) - coin operated laundry facilities used, no receipts were obtainable. June 14, 2000 MOU <input type="checkbox"/> Laundry (frocks) - coin operated laundry facilities used, no receipts were obtainable. June 14, 2000 MOU									

REQUEST FOR SPECIAL TRAVEL

INSTRUCTIONS:

1. Type or print clearly. 2. Send approved original form to the office preparing the AD-202, Travel Authorization. 3. File with AD-202.

NAME OF EMPLOYEE

TITLE

DUTY STATION

DATE(S) OF OFFICIAL TRAVEL

ITINERARY

In conjunction with my official travel, I plan to:

☐ **COMBINE BUSINESS AND PERSONAL TRAVEL (No leave involved)** Dates: _____ to _____

☐ **TAKE ANNUAL LEAVE DURING MY OFFICIAL TRIP. A COPY OF MY APPROVED LEAVE SLIP, SF-71 IS ATTACHED.**

☐ **DEVIATE FROM THE NORMAL MODE OF TRANSPORTATION OR ITINERARY FOR MY PERSONAL CONVENIENCE (Including non-work days)**

EXPLANATION

CERTIFICATION

I certify that my personal plans did not influence the creation of this official trip.

I understand that from _____ Date to _____ Date I will not be paid per diem by the government.

Because I choose to use my personally owned car rather than travel by airplane, my reimbursement will be limited to \$ _____.

SIGNATURE OF EMPLOYEE

DATE SIGNED

☐ **APPROVED**

SIGNATURE OF APPROVING OFFICIAL

DATE SIGNED

☐ **DISAPPROVED**

REMARKS